

<b>Case Number:</b>	CM15-0186724		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	01/08/2002
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old male with a date of injury on 1-8-2002. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine fractures, and left and right knee osteoarthritis and internal derangement. According to the progress report dated 8-6-2015, the injured worker presented for follow up evaluation of bilateral knees and spine after physical therapy and brace treatment. It was noted that the injured worker was still pending unloader brace and reported not having physical therapy yet due to an exacerbation of a hernia. The physical exam (8-6-2015) of the right knee revealed diffuse tenderness. The range of motion of the right knee was 10 degrees extension and 100 degrees flexion. Treatment has included right knee arthroscopy and medications (Norco and Ambien). The physician noted (8-6-2015) that the injured worker was pending a right total knee replacement. The original Utilization Review (UR) (8-27-2015) denied a request for a right total knee replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**One right knee TKA (Total Knee Arthroplasty): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute and Chronic): Total Knee Replacement 2015; Indications for surgery- Knee arthroplasty.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines regarding Knee arthroplasty.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of total knee replacement. According to the Official Disability Guidelines regarding Knee arthroplasty, criteria for knee joint replacement which includes conservative care with subjective findings including limited range of motion less than 90 degrees. In addition the patient should have a BMI of less than 35 and be older than 50 years of age. There must also be findings on standing radiographs of significant loss of chondral clear space. The clinical information submitted demonstrates insufficient evidence to support a knee arthroplasty in this patient. There is no documentation from the exam notes from 8/6/15 of increased pain with initiation of activity or weight bearing. There are no records in the chart documenting when physical therapy began or how many visits were attempted. There is no evidence in the cited examination notes of limited range of motion less than 90 degrees. There is no formal weight bearing radiographic report of degree of osteoarthritis. Therefore the guideline criteria have not been met and the request is not medically necessary.